PAGE 1 / 60

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X F	or Other Than Ar	n Authorized Commit	tee	Office	· Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typover the lines.	ping, type	12FE4M5	
MEIDAS TOUCH					ı
ADDRESS (number and street) ▼	11140 SYLVAN STRI	EET 			
Check if different					
than previously reported. (ACC)	NORTH HOLLYWOO	DD 		CA 916	606
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE A	ZIP CODE ▲
C C00746073		3. IS THIS REPORT	NEW (N) OR	AMENDE (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8	Year Only) Dec 20 (M12) (Non-Election
_	П	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M1	Ýear Only) O) Jan 31 (YE)
April 15 Quarterly Report (Q	1) (c) 12-Day	Primary (12	2P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2	PRF-Flecti	on		Special (12S)	
October 15 Quarterly Report (Q3 January 31	3)	M = M	/ D D /	Y	in the
Year-End Report (YE	Ξ)	Election on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electors Report for	,	0G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	/ D D /	Y Y Y Y Y	in the State of
5. Covering Period 01		2020 through	05 __		Y Y Y 2020
I certify that I have examined this	s Report and to the b	est of my knowledge and	belief it is tru	e, correct and comp	olete.
Type or Print Name of Treasurer	MĖISELAS, BRETT,	1)			
Signature of Treasurer	ELAS, BRETT, , ,	[Electronica	lly Filed] □		19 / 2020
NOTE: Submission of false, errone	ous, or incomplete info	rmation may subject the pe	erson signing th	is Report to the pena	alties of 52 U.S.C. § 30109
Office Use				FE	EC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **MEIDAS TOUCH** 01 2020 05 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2020 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 26057.50 26057.50 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 26057.50 26057.50 6(a) and 6(c) for Column B)..... 932.79 932.79 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 25124.71 25124.71 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 741.44 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MEIDAS TOUCH

Report Covering the Period: From:	01 2020	To: 05 31 2020	
I. Receipts	COLUMN B Calendar Year-to-Date		
I. Contributions (other than loans) From:	Total This Period	Calefidal Teal-to-Date	
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	2300.00	2300.00	
_			
(ii) Unitemized	23757.50	23757.50	
(iii) TOTAL (add		20057.50	
Lines 11(a)(i) and (ii)	26057.50	26057.50	
(b) Political Party Committees	0.00	0.00	
(b) Political Party Committees	3.55		
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines	7 7 7	4 4	
11(a)(iii), (b), and (c)) (Carry	 		
Totals to Line 33, page 5)	26057.50	26057.50	
2. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
F	0.00	0.00	
3. All Loans Received	0.00	0.00	
1. Lean Dangumenta Daggiund	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	5.00	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
6. Refunds of Contributions Made	4 4	4 4	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
7. Other Federal Receipts	4 4	4 4	
(Dividends, Interest, etc.)	0.00	0.00	
3. Transfers from Non-Federal and Levin Funds	7 7	7 7	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
() T. I. T. (() I.			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),	 		
12, 13, 14, 15, 16, 17, and 18(c))▶	26057.50	26057.50	
). Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	26057.50	26057.50	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period						
I. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date					
(i) Federal Share	0.00	0.00					
(ii) Non-Federal Share	0.00	0.00					
(b) Other Federal Operating Expenditures	932.79	932.79					
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	932.79	932.79					
2. Transfers to Affiliated/Other Party Committees	0.00	0.00					
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00					
. Independent Expenditures	4 4 4						
(use Schedule E)	0.00	0.00					
(use Schedule F)	0.00	0.00					
Loan Repayments Made	0.00	0.00					
Loans Made	0.00	0.00					
Than Political Committees	0.00	0.00					
(b) Political Party Committees	0.00	0.00					
(such as PACs)	0.00	0.00					
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00					
Other Disbursements (Including							
Non-Federal Donations)	0.00	0.00					
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)							
(i) Federal Share	0.00	0.00					
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00					
Entirely With Federal Funds	0.00	0.00					
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00					
Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	932.79	932.79					
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)							
from Line 31)	932.79	932.79					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 26057.50 26057.50 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 26057.50 26057.50 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 932.79 932.79 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 932.79 932.79 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	:	6	OF		60
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) MEIDAS TOUCH		
Full Name of Individual (Last, First, Middle KNAPP, DAVID, , , Mailing Address 749 BAYONNE STREET	Initial) or Full Organization Name	Date of Receipt
		05 15 2020
City	State Zip Code	Transaction ID : INCA23
EL SEGUNDO	CA 90245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED	Memo Item
Receipt For: Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle KNAPP, DAVID, , , Mailing Address 749 BAYONNE STREET	Initial) or Full Organization Name	Date of Receipt
Maining Addition 749 BATONINE STREET		05 17 2020
City	State Zip Code	Transaction ID : INCA134
EL SEGUNDO	CA 90245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 749 BAYONNE STREET		05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EL SEGUNDO	State Zip Code CA 90245	Transaction ID : INCA230
FEC ID number of contributing	002-10	Amount of Each Receipt this Period
federal political committee.	C	50.00
Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	·····	200.00
TOTAL This Period (last page this line numb	per only)	45 45 45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b

PAGE 7 OF 60 11c 12 13 14 15 16

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEIDAS TOUCH Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ARMEN, DAVID, , , Date of Receipt Mailing Address 4341 REDWOOD AVE #8 21 2020 City Zip Code State Transaction ID: INCA280 CA **MARINADELREY** 90292 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NOT EMPLOYED** NOT EMPLOYED Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ALBARANO, JAMES, , , Date of Receipt Mailing Address 919 N. EVERGREEN ST 05 2020 City State Zip Code Transaction ID: INCA313 **BURBANK** CA 91505 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NOT EMPLOYED **NOT EMPLOYED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1050.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ARMEN, DAVID, , , Date of Receipt Mailing Address 4341 REDWOOD AVE #8 23 2020 City Zip Code State Transaction ID: INCA365 CA **MARINADELREY** 90292 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NOT EMPLOYED **NOT EMPLOYED** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Name of Employer (for Individual)

General

NOT EMPLOYED Receipt For:

Primary

Other (specify)

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		8	OF		60	
	(check only one)											
		X	11a		11b		11c		12			
			13		14		15		16	;		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEIDAS TOUCH Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, REBECCA J, , , Date of Receipt Mailing Address 10562 CARR ROAD 2020 26 City Zip Code State Transaction ID: INCA533 MO **BISMARCK** 63624 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **NOT EMPLOYED** NOT EMPLOYED Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ARMEN, DAVID, , , Date of Receipt Mailing Address 4341 REDWOOD AVE #8 05 2020 City State Zip Code Transaction ID: INCA606 MARINADELREY CA 90292 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NOT EMPLOYED **NOT EMPLOYED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KNAPP, DAVID, , , Date of Receipt Mailing Address 749 BAYONNE STREET 28 2020 City State Zip Code Transaction ID: INCA614 CA **EL SEGUNDO** 90245 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee.

	7-1-1-2-1-1											
		Т			-		-		-	450	00	
SUBTOTAL of Receipts This Page (optional)	·····	L	-	-	J.	-		J.	-	430	.00	
					7							
TOTAL This Period (last page this line number	only)	L	-	-	-	-		7	_		-	

250.00

Occupation (for Individual) NOT EMPLOYED

Aggregate Year-to-Date ▼

Memo Item

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF	60	
	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MEIDAS TOUCH			
Full Name of Individual (Last, First, Middle PORUSH, JONATHAN, , , Mailing Address 102 NE 2ND ST #200	Initial) or Full Orga	nization Name	Date of Receipt
	05 30 2020		
City BOCA RATON	State FL	Zip Code 33432	Transaction ID : INCA666
	12	33432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) SELF EMPLOYED	Occupa MANAC	tion (for Individual) GER	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle BORUSH, JONATHAN, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 102 NE 2ND ST #200	Ctoto	7in Codo	05 30 7 2020
City BOCA RATON	State	Zip Code 33432	Transaction ID : INCA665 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) SELF EMPLOYED	Occupa MANA	tion (for Individual) GER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 200.00	
Full Name of Individual (Last, First, Middle ALBARANO, JAMES, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 919 N. EVERGREEN ST			05 31 2020
City	State	Zip Code	Transaction ID : INCA733
BURBANK	CA	91505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) NOT EMPLOYED		tion (for Individual) MPLOYED	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	45	1050.00	
SUBTOTAL of Receipts This Page (optional).		•	1200.00
TOTAL This Period (last page this line numb	er only)		2300.00

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE	FOR LINE NUMBER: PAGE 10 (
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(6110011 011	<i>'</i>	<i>'</i> — — —				
		d Summary Page	216		23 28c	26 29	27 30b		
Any information conied from such Departs and Sta	tomonto mo	, not be cold or us							
Any information copied from such Reports and Sta or for commercial purposes, other than using the n									
NAME OF COMMITTEE (In Full)									
MEIDAS TOUCH									
Full Name (Last, First, Middle Initial)				5. (
A. ACTBLUE				Date of I					
Mailing Address 366 SUMMER STREET				05	17		2020		
City	State	Zip Code		FEC Ider	tification	Number			
SOMERVILLE	MA	02144			itilicatioi	i Nullibei			
Purpose of Disbursement ACTBLUE FEES			001	C					
Candidate Name						ID : EXPB			
			Category/ Type	Amount	or Each	Disbursem	ent this Period		
Office Sought: House Disburs	sement For:			1 L	70	1.25	136.29		
Senate	Primary	General			,	,			
President State: District:	Other (sp	респу) 🔻		Mem	o Item				
Full Name (Last, First, Middle Initial)									
B. ACTBLUE				Date of I	Disburse	ment			
				M = M	/ D	D / Y	YYY		
Mailing Address 366 SUMMER STREET				05	24	4	2020		
City SOMERVILLE	State MA	Zip Code 02144		FEC Ider	ntification	Number			
Purpose of Disbursement	IVIA	02144		C					
ACTBLUE FEES			001		saction	ID : EXPB:	2961		
Candidate Name			Category/	1			ent this Period		
Office Sought: House Disburs	sement For:		Туре				309.53		
Senate Disbuts	Primary	General			7	7	303.33		
President	Other (sp			Memo Item					
State: District:				L Mem	o item				
Full Name (Last, First, Middle Initial)				Date of [Nichuroo	mont			
C. ACTBLUE				M M	/ D		TY TY TY		
Mailing Address 366 SUMMER STREET				05	3′		2020		
City	State	Zip Code		FEC Idor	ntification	Number			
SOMERVILLE	MA	02144			imoanor	. radifibel			
Purpose of Disbursement ACTBLUE FEES			001	C	saction	ID : EXPB	2962		
Candidate Name			Category/ Type				ent this Period		
Office Sought: House Disburs	1			486.97					
Senate	Primary	General				7			
President	Other (sp	pecify) ▼		Mem	o Item				
State: District:				П	•				
SUBTOTAL of Disbursements This Page (optional)						932.79		
	,			-		7	4		
TOTAL This Period (last page this line number or	lv)				_		932.79		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11
FOR LINE NUMBER: (check only one)

	9
X	10

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OF

NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEBSITE & EMAIL MEISELAS, BENJAMIN, , , Mailing Address 801 S. OLIVE STREET State Zip Code LOS ANGELES CA 90014 Transaction ID: PAYD2964 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13.94 13.94 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEBSITE & EMAIL MEISELAS, BENJAMIN, , , Mailing Address 801 S. OLIVE STREET City State Zip Code LOS ANGELES 90014 CA Outstanding Balance Beginning This Period Transaction ID: PAYD2965 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 33.89 33.89 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEBSITE & EMAIL MEISELAS, BENJAMIN, , , Mailing Address 801 S. OLIVE STREET City State Zip Code LOS ANGELES CA 90014 Outstanding Balance Beginning This Period Transaction ID: PAYD2966 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 49.76 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

9 **X** 10

OF

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEBSITE & EMAIL MEISELAS, BENJAMIN, , , Mailing Address 801 S. OLIVE STREET State Zip Code LOS ANGELES CA 90014 Transaction ID: PAYD2967 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 49.76 49.76 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEBSITE & EMAIL MEISELAS, BENJAMIN, , , Mailing Address 801 S. OLIVE STREET City State Zip Code LOS ANGELES 90014 CA Outstanding Balance Beginning This Period Transaction ID: PAYD2968 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13.94 13.94 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEBSITE & EMAIL MEISELAS, BENJAMIN, , , Mailing Address 801 S. OLIVE STREET City State Zip Code LOS ANGELES CA 90014 Outstanding Balance Beginning This Period Transaction ID: PAYD2969 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 12.92 0.00 76.62 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 13 OF 60 FOR LINE NUMBER: (check only one)

9 **X** 10

NAME OF COMMITTEE (In Full) MEIDAS TOUCH								
A. Full Name (Last, First, Middle Initial) of Debtor MEISELAS, BENJAMIN, , , Mailing Address 801 S. OLIVE STREET	or Creditor		Nature of Debt (Purpose): WEBSITE & EMAIL					
City	State	Zip Code						
LOS ANGELES	CA	90014						
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD2970					
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period					
12.88		0.00	12.88					
B. Full Name (Last, First, Middle Initial) of Debtor of MEISELAS, BENJAMIN, , ,	Nature of Debt (Purpose): WEBSITE & EMAIL							
Mailing Address 801 S. OLIVE STREET								
City LOS ANGELES	State CA	Zip Code 90014						
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD2971					
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period					
12.71		0.00	12.71					
C. Full Name (Last, First, Middle Initial) of Debtor MEISELAS, BENJAMIN, , ,	or Creditor		Nature of Debt (Purpose): WEBSITE & EMAIL					
Mailing Address 801 S. OLIVE STREET								
City LOS ANGELES	State CA	Zip Code 90014						
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD2972					
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period					
12.64		0.00	12.64					
1) SUBTOTALS This Period This Page (optional)		>	38.23					
2) TOTALS This Period (last page this line number of	only)							
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	y)						
4) ADD 2) and 3) and carry forward to appropriate li	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶							

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF
FOR LINE NUMBER:
(check only one)

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)		9
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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3101 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1.00 1.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3102 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3103 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 1.00 0.00 6.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 15
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OF

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3104 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4.00 0.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3105 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 17.00 17.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3106 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 19.00 0.00 40.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEISELAS, BRETT, , ,			Nature of Debt (Purpose): ONLINE VIDEO
Mailing Address 11140 SYLVAN STREET	Mailing Address 11140 SYLVAN STREET		
City NORTH HOLLYWOOD	State CA	Zip Code 91606	
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD3107
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
2.00		0.00	2.00
B. Full Name (Last, First, Middle Initial) of Debtor MEISELAS, BRETT, , ,	or Creditor		Nature of Debt (Purpose): ONLINE VIDEO
Mailing Address 11140 SYLVAN STREET			
City NORTH HOLLYWOOD	State CA	Zip Code 91606	
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD3108
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
4.00	7	0.00	4.00
C. Full Name (Last, First, Middle Initial) of Debtor MEISELAS, BRETT, , ,	or Creditor		Nature of Debt (Purpose): ONLINE VIDEO
Mailing Address 11140 SYLVAN STREET			
City NORTH HOLLYWOOD	State CA	Zip Code 91606	
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD3109
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
2.00	7	0.00	2.00
1) SUBTOTALS This Period This Page (optional)		>	8.00
2) TOTALS This Period (last page this line number	2) TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEISELAS, BRETT, , ,			Nature of Debt (Purpose): ONLINE VIDEO
Mailing Address 11140 SYLVAN STREET			
City NORTH HOLLYWOOD	State CA	Zip Code 91606	
Outstanding Balance Beginning This Period			Transaction ID : PAYD3110
0.00			
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
4.00	7	0.00	4.00
B. Full Name (Last, First, Middle Initial) of Debtor of MEISELAS, BRETT, , ,	or Creditor		Nature of Debt (Purpose): ONLINE VIDEO
Mailing Address 11140 SYLVAN STREET			
City NORTH HOLLYWOOD	State CA	Zip Code 91606	
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD3111
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
20.00	 	0.00	20.00
C. Full Name (Last, First, Middle Initial) of Debtor MEISELAS, BRETT, , ,	or Creditor		Nature of Debt (Purpose): ONLINE VIDEO
Mailing Address 11140 SYLVAN STREET			
City NORTH HOLLYWOOD	State CA	Zip Code 91606	
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD3112
Amount Incurred This Period	Payı	ment This Period	Outstanding Balance at Close of This Period
2.00		0.00	2.00
1) SUBTOTALS This Period This Page (optional)			
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 18 OF FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3113 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4.00 0.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3114 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 25.00 25.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3115 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 10.00 0.00 39.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3116 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1.00 0.00 1.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3117 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3118 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 2.00 0.00 5.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3160 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2.00 0.00 2.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3120 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 19.00 19.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3121 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 2.00 0.00 23.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3122 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 6.00 0.00 6.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3123 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 35.00 35.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3125 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 24.00 0.00 65.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3126 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3.00 0.00 3.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3127 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3.00 3.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3128 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 1.00 0.00 7.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3130 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4.00 0.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3131 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3132 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 22.00 0.00 30.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3133 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4.00 0.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3134 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 45.00 45.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3135 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 7.00 0.00 56.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3136 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4.00 0.00 4.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3137 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.00 16.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3138 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 4.00 0.00 24.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3139 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 23.00 23.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3140 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3141 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 4.00 0.00 29.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3142 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 25.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3143 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2.00 2.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3144 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 4.00 0.00 31.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3145 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 25.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3146 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3.00 3.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3147 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 2.00 0.00 30.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3148 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2.00 0.00 2.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3149 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4.00 4.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3150 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 16.00 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3151 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 27.00 0.00 27.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3152 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12.00 12.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period Transaction ID: PAYD3153 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 15.00 0.00 54.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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	ME OF COMMITTEE (In Full) EIDAS TOUCH		·	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET			Nature of Debt (Purpose): ONLINE VIDEO
	City NORTH HOLLYWOOD	State CA	Zip Code 91606	
	Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD3154
	Amount Incurred This Period 4.00	Pay	ment This Period	Outstanding Balance at Close of This Period 4.00
	B. Full Name (Last, First, Middle Initial) of Debtor of MEISELAS, BRETT, , ,	r Creditor		Nature of Debt (Purpose): ONLINE VIDEO
L	Mailing Address 11140 SYLVAN STREET City	State	Zip Code	
	NORTH HOLLYWOOD CA 91606 Outstanding Balance Beginning This Period			Transaction ID : PAYD3155
	0.00 Amount Incurred This Period 4.00	Pay	ment This Period	Outstanding Balance at Close of This Period 4.00
(C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEISELAS, BRETT, , ,			Nature of Debt (Purpose): ONLINE VIDEO
	Mailing Address 11140 SYLVAN STREET			
	City NORTH HOLLYWOOD	State CA	Zip Code 91606	
	Outstanding Balance Beginning This Period 0.00	•		Transaction ID : PAYD3156
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	2.00	1 4	0.00	2.00
1)	SUBTOTALS This Period This Page (optional)		>	10.00
2)	TOTALS This Period (last page this line number of	nly)	>	
	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4)	ADD 2) and 3) and carry forward to appropriate lin	ie vi Summai	y rage (last page only) ▶	7 7 7

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 32
FOR LINE NUMBER: (check only one)

	٦
	9
X	10

60

OF

NAME OF COMMITTEE (In Full) MEIDAS TOUCH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ONLINE VIDEO MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD CA 91606 Transaction ID: PAYD3157 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ONLINE VIDEO** MEISELAS, BRETT, , , Mailing Address 11140 SYLVAN STREET State Zip Code NORTH HOLLYWOOD 91606 CA Outstanding Balance Beginning This Period Transaction ID: PAYD3158 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 8.00 8.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 24.00 1) SUBTOTALS This Period This Page (optional)..... 741.44 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 741.44 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 60		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼		
MEIDAS TOUCH				C C00746073		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y		
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	e of Public Distribution/Dissemination		
				04 22 7 2020		
Mailing Address 11140 SYLVAN STREET			Amo	ount		
City	State	Zip Code	- $ $ $ $ $ $	1.00		
NORTH HOLLYWOOD	CA	91606		Transaction ID : PDTE2 Date of Disbursement or Obligation		
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		Support	Office Sou	ught: House District:		
TRUMP, DONALD J., , ,		Copport Oppose	Y Pres			
Calendar Year-To-Date			Disbursem			
Per Election for Office Sought		529.00	2020	Other (specify) ▶		
Full Name of Payee		X Memo	Item Date	e of Public Distribution/Dissemination		
MEISELAS, BRETT, , ,				04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 11140 SYLVAN STREET						
			Amo	ount		
City	State	Zip Code		4.00		
NORTH HOLLYWOOD	CA	91606	I	ansaction ID : PDTE4 e of Disbursement or Obligation		
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 / 01 / 2020		
Name of Federal Candidate:		Support	Office Sou	ught: House District:		
TRUMP, DONALD J., , ,		Oppose	X Pres	sident Senate State:		
Calendar Year-To-Date		529.00	Disbursem	nent For: Primary General		
Per Election for Office Sought	7 7	323.00	2020	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	3		· -	0.00		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			• -			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•		
MEISELAS, BRETT, , ,	[Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y		
Signature	[210011011101111]	Date	e 06	19 2020		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEFENDENT EXPENDITORES	•		PAGE 34 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH			C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date of Public Distribution/Dissemination
MEISELAS, BRETT, , ,			04 22 7 2020
Mailing Address 11140 SYLVAN STREET			Amount
City	State	Zip Code	1.00
NORTH HOLLYWOOD	CA	91606	Transaction ID : PDTE3 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
TRUMP, DONALD J., , ,		Oppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	529.00	Disbursement For: Primary Seneral 2020 Other (specify) ▶
Full Name of Payee		★ Memo	Item Date of Public Distribution/Dissemination
MEISELAS, BRETT, , ,		_	04 22 / Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			
			Amount
City	State	Zip Code	4.00
NORTH HOLLYWOOD	CA	91606	Transaction ID : PDTE6 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	05 / 06 / 92020
Name of Federal Candidate:		Support	Office Sought: House District:
TRUMP, DONALD J., , ,		x Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	529.00	Disbursement For: ☐ Primary X General 2020 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		>
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MEISELAS, BRETT, , ,	[Electronically File	ed] Date	e 06 19 2020
Signature	<u> </u>	_ Date	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	e of Public Distribution/Dissemination
WEIGEAG, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	punt
City	State	Zip Code	$ \Gamma$	17.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE8
Purpose of Expenditure ONLINE VIDEO	<u> </u>	Category/ Type 24A		e of Disbursement or Obligation 05 06 2020
Name of Fodoral Condidates				
Name of Federal Candidate: TRUMP, DONALD J., , ,		Support	Office Sou	
TROWN, BOWALD G., , ,		X Oppose	X Presi	
Calendar Year-To-Date Per Election for Office Sought	7	529.00	Disburseme 2020	ent For:
Full Name of Payee		★ Memo	Item Date	e of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				
			Amo	unt
City	State	Zip Code		19.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE9 e of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	A	05 06 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presi	
Calendar Year-To-Date		500.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7-1-5-	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		· • [_	0.00
(1) 011575711 (11.11)				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	Electronically Fit	Date	e 06	19 2020

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date of	of Public Distribution/Dissemination
WEIGEAG, BRETT, , ,			M	04
Mailing Address 11140 SYLVAN STREET			Amou	nt
City	State	Zip Code	— Г	2.00
NORTH HOLLYWOOD	CA	91606		action ID : PDTE5
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	N	of Disbursement or Obligation 05
Name of Federal Candidate:		Cumant	Office Court	it: House District:
TRUMP, DONALD J., , ,		Support Oppose	Office Sough	
Colondor Voor To Doto		A spires	Disbursemen	
Calendar Year-To-Date Per Election for Office Sought		529.00	2020	ther (specify) >
Full Name of Payee		✗ Memo	Item Date of	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,			M	04
Mailing Address 11140 SYLVAN STREET			Amau	
			Amour	
City	State	Zip Code	Trong	4.00 saction ID : PDTE7
NORTH HOLLYWOOD	CA	91606		of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 / 06 / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	t: House District:
TRUMP, DONALD J., , ,		Oppose	X Preside	ent Senate State:
Calendar Year-To-Date		529.00	Disbursemen	t For: Primary General
Per Election for Office Sought	7 7	329.00	²⁰²⁰ o	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		· [0.00
(b) CURTOTAL of Unitersized Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· ·
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M /	
Signature	Electronically Fit	Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee MEISELAS, BRETT, , ,		✗ Memo	Item Da	te of Public Distribution/Dissemination
WEIGEAG, BRETT, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Am	nount
City	State	Zip Code	— Г	2.00
NORTH HOLLYWOOD	CA	91606		ansaction ID : PDTE10
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		te of Disbursement or Obligation 05 / 08 / 2020
Name of Federal Candidate:		Cupport	Office So	ught: House District:
TRUMP, DONALD J., , ,		Support Oppose	X Pre	
Calendar Year-To-Date			Disbursen	
Per Election for Office Sought		529.00	2020	Other (specify) ▶
Full Name of Payee		★ Memo	Item Da	te of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
			Am	nount
City	State	Zip Code	$\neg \vdash$	4.00
NORTH HOLLYWOOD	CA	91606	I	te of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 08 7 2020
Name of Federal Candidate:		Support	Office So	ught: House District:
TRUMP, DONALD J., , ,		x Oppose		sident Senate State:
Calendar Year-To-Date			Disburser	ment For: Primary X General
Per Election for Office Sought	7	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			, г	0.00
(a) GOD TO THE OF REMIZED INDEPENDENT EXPENDITURES	,			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
MEISELAS, BRETT, , ,	[Electronically Fil	led1 _	M = M	/ D D / Y Y Y Y
Signature		Date	e 06	19 2020

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ **MEIDAS TOUCH** C00746073 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee X Memo Item MEISELAS, BRETT, , , 22 2020 Mailing Address 11140 SYLVAN STREET Amount City State Zip Code 20.00 91606 Transaction ID: PDTE14 NORTH HOLLYWOOD CA Date of Disbursement or Obligation Purpose of Expenditure Category/ ONLINE VIDEO 24A 05 80 2020 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item MEISELAS, BRETT, , , 2020 22 Mailing Address 11140 SYLVAN STREET Amount 2.00 State Zip Code Transaction ID: PDTE11 NORTH HOLLYWOOD CA 91606 Date of Disbursement or Obligation Purpose of Expenditure Category/ **ONLINE VIDEO** 24A 80 2020 05 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MEISELAS, BRETT, , , [Electronically Filed] 19 2020 Date Signature

PAGE

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	of Public Distribution/Dissemination
WEIGEAG, BRETT, , ,			N	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amou	nt
City	State	Zip Code	— I	4.00
NORTH HOLLYWOOD	CA	91606		action ID : PDTE13
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	- N	of Disbursement or Obligation 05 08 2020
Name of Federal Candidate:		Cuppert	Office Cough	nt: House District:
TRUMP, DONALD J., , ,		Support Oppose	Office Sough	
Colondor Voor To Doto		<u> </u>	Disbursemen	
Calendar Year-To-Date Per Election for Office Sought		529.00	2020	other (specify)
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,			N	04 22 7 2020
Mailing Address 11140 SYLVAN STREET				
			Amou	
City	State	Zip Code		25.00
NORTH HOLLYWOOD	CA	91606	I	saction ID : PDTE15 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 / 08 / 2020
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		x Oppose	X Preside	ent Senate State:
Calendar Year-To-Date		529.00	Disbursemen	t For: Primary (X) General
Per Election for Office Sought	7 7	329.00	2020 🗌 C	other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	}			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-		·
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y
Signature	Electronically Fit	Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date o	f Public Distribution/Dissemination
WEIGERO, BRETT, , ,				04
Mailing Address 11140 SYLVAN STREET			Amoun	t
City	State	Zip Code		10.00
NORTH HOLLYWOOD	CA	91606		action ID : PDTE18
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	М	f Disbursement or Obligation 05
Name of Federal Candidate:				
TRUMP, DONALD J., , ,		Support Oppose	Office Sought	
		х Оррозе	✗ Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	529.00	Disbursement 2020 Ot	: For:
Full Name of Payee		✗ Memo	Item Date o	f Public Distribution/Dissemination
MEISELAS, BRETT, , ,			М	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				
			Amoun	t
City	State	Zip Code	ـــاِ ا	1.00
NORTH HOLLYWOOD	CA	91606		action ID : PDTE16 f Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 12 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	t: House District:
TRUMP, DONALD J., , ,		x Oppose	X Preside	nt Senate State:
Calendar Year-To-Date		520.00	Disbursement	For: Primary General
Per Election for Office Sought	7 7	529.00	2020 Ot	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	-		
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y
Signature	Electronically Fu	Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 41 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 22 7 2020
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code	— F	2.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE17 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	_	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Souc	ht: House District:
TRUMP, DONALD J., , ,		X Oppose	X Presid	'
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	529.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		★ Memo	<u> </u>	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				M M / D D / Y Y Y Y
Mailing Address			I	04 22 2020
11140 SYLVAN STREET			Amo	unt
City	State	Zip Code		2.00
NORTH HOLLYWOOD	CA	91606	I	nsaction ID : PDTE19 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/		M M / D D / Y Y Y Y
		Type 24A		05 14 2020
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presi	dent Senate State:
Calendar Year-To-Date		529.00	Disburseme	ent For: Primary 🗶 General
Per Election for Office Sought	7 7	323.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				0.00
(b) 30B 101AL of Officernized independent Expendito			•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MEISELAS, BRETT, , ,	[Electron: II E'	lad1	M = M /	D D / Y T Y T Y
Signature	[Electronically Fil	ed) Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		Memo	Item Date	e of Public Distribution/Dissemination
WEIGERG, BRETT, , ,				04 / 22 / 2020
Mailing Address 11140 SYLVAN STREET			Amo	punt
City	State	Zip Code		2.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE49
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement or Obligation 05 31 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		Cupport Oppose	X Pres	<u> </u>
Calendar Year-To-Date			Disbursem	
Per Election for Office Sought	<u></u>	529.00	2020	Other (specify) ▶
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
			Amo	ount
City	State	Zip Code		19.00
NORTH HOLLYWOOD	CA	91606		Insaction ID : PDTE20 e of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		Oppose	X Pres	ident Senate State:
Calendar Year-To-Date		500.00	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	\$			0.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MEISELAS, BRETT, , ,	[Electronically Fil	led1 _	M = M	/ D D / Y Y Y Y
Signature	Electronically 1 ii	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 43 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code	$ \Gamma$	2.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE27 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	_	05 / 14 / 2020
Name of Federal Candidate:		Support	Office Sou	aht: House District:
TRUMP, DONALD J., , ,		X Oppose	X Presi	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	529.00	Disburseme 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		★ Memo	<u> </u>	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,		A Wolle		M M / D D / Y Y Y Y
Mailing Address			_	04 22 2020
11140 SYLVAN STREET			Amo	unt
City	State	Zip Code	— F	6.00
NORTH HOLLYWOOD	CA	91606	I	nsaction ID : PDTE30 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/		M M / D D / Y Y Y
		Type 24A		05 14 2020
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presi	dent Senate State:
Calendar Year-To-Date		529.00	Disburseme	ent For: Primary 🗶 General
Per Election for Office Sought	7 7	323.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				0.00
(b) GOBTOTAL OF OFFICE INCOME.				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MEISELAS, BRETT, , ,	[Electronic II E	lad1	M = M /	
Signature	[Electronically Fil	ed) Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES			<u> </u>	PAGE 44 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
MEIDAS TOUCH				C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D D / Y Y Y Y Y
Full Name of Payee		▼ Memo	Item Date of Public	Distribution/Dissemination
MEISELAS, BRETT, , ,			M M /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amount	22 2020
City	State	Zip Code		35.00
NORTH HOLLYWOOD	CA	91606	Transaction ID) : PDTE21
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	M = M /	sement or Obligation 14 2020
Name of Federal Candidate:		Cunnart	Office Sought	Llouge Dietriet
TRUMP, DONALD J., , ,		Support Oppose	Office Sought:	House District:
		A oppose	Disbursement For:	Primary
Calendar Year-To-Date Per Election for Office Sought		529.00	2020 Other (spe	
Full Name of Payee		★ Memo	Item Date of Public	Distribution/Dissemination
MEISELAS, BRETT, , ,			M M /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				
			Amount	
City	State	Zip Code		24.00
NORTH HOLLYWOOD	CA	91606	Transaction II Date of Disburs	D: PDTE24 sement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	M 05 /	15 / 2020
Name of Federal Candidate:		Support	Office Sought:	House District:
TRUMP, DONALD J., , ,		x Oppose	X President	Senate State:
Calendar Year-To-Date			Disbursement For:	Primary X General
Per Election for Office Sought	7	529.00	2020 Other (spe	ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MEISELAS, BRETT, , ,	Electronically Fil	ladi	M = M / D = D	/
Signature	Electronically File	Date	06 19	2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
			_	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,			Item Date	of Public Distribution/Dissemination
WEIGERG, BRETT, , ,				04 / 22 / 2020
Mailing Address 11140 SYLVAN STREET			Amou	nt
City	State	Zip Code	—Г	3.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE29
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement or Obligation 05 / 15 / 2020
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		Cupport Oppose	resid	
Calendar Year-To-Date			Disbursemer	
Per Election for Office Sought	7	529.00	2020	Other (specify)
Full Name of Payee		★ Memo		of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
			Amou	nt
City	State	Zip Code		3.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE31 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 15 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presid	
Calendar Year-To-Date		500.00	Disbursemer	nt For: Primary 🗶 General
Per Election for Office Sought	7	529.00	2020 c	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	\$			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y
Signature	Electronically Fit	Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code	$ \Gamma$	1.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE26 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		X Oppose	✗ Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	529.00	Disburseme	ent For: Primary
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,			1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
TITAO STEVAN STREET			Amo	unt
City	State	Zip Code		4.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE28 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		0	0""	
TRUMP, DONALD J., , ,		Support Oppose	Office Soug	
11.0m, 2014 (20 d., , ,		x Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought		529.00	Disburseme	_ , _
To Discussion of Chica Sought	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MEISELAS, BRETT, , ,	[Electron: II E''	lad1	M = M /	
Signature	[Electronically Fil	ed] Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	of Public Distribution/Dissemination
WEIGEAG, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code	-	4.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE32
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement or Obligation 05 15 2020
Name of Federal Candidate:		Support	Office Soug	aht: House District:
TRUMP, DONALD J., , ,		Support Oppose	× Presi	
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought		529.00	2020	Other (specify) ▶
Full Name of Payee		★ Memo	<u> </u>	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
			Amo	unt
City	State	Zip Code	\neg L	22.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE22 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TRUMP, DONALD J., , ,		Oppose	X Presi	
Calendar Year-To-Date		500.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3			0.00
(,				79 79 78
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			· · [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MEISELAS, BRETT, , ,	[Electronically Fil	led1 _	M = M	1000/ 1000
Signature	[Electronically 1 to	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	of Public Distribution/Dissemination
WEIGEAG, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code	-	4.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE34
Purpose of Expenditure ONLINE VIDEO	<u> </u>	Category/ Type 24A		of Disbursement or Obligation 05 15 2020
Name of Federal Candidate:		Cumant	Office Cour	aht: House District:
TRUMP, DONALD J., , ,		Support Oppose	Office Soug	
Colondor Voor To Doto		W sphere	Disburseme	
Calendar Year-To-Date Per Election for Office Sought	, , ,	529.00	2020	Other (specify)
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				
			Amo	unt
City	State	Zip Code	L	45.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE23 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M M / D D / Y Y Y Y Y Y 15 15 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presi	dent Senate State:
Calendar Year-To-Date		529.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M	
Signature	Electronically Fu	Date	e 06	19 2020

PAGE 49 OF 60 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ **MEIDAS TOUCH** C00746073 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee X Memo Item MEISELAS, BRETT, , , 22 2020 Mailing Address 11140 SYLVAN STREET Amount City State Zip Code 7.00 91606 Transaction ID: PDTE36 NORTH HOLLYWOOD CA Date of Disbursement or Obligation Purpose of Expenditure Category/ ONLINE VIDEO 24A 05 15 2020 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item MEISELAS, BRETT, , , 2020 22 Mailing Address 11140 SYLVAN STREET Amount 4.00 State Zip Code NORTH HOLLYWOOD Transaction ID: PDTE35 CA 91606 Date of Disbursement or Obligation Purpose of Expenditure Category/ **ONLINE VIDEO** 24A 15 2020 05 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MEISELAS, BRETT, , , [Electronically Filed] 19 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D "D / Y "Y "Y "Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 22 7 2020
Mailing Address 11140 SYLVAN STREET			Amou	nt
City	State	Zip Code	— Г	16.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE25 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 16 7 2020
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		X Oppose	x Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	T T	529.00	Disbursemer 2020	nt For: Primary
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,			[7	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
TITAO STEVAN STREET			Amou	nt
City	State	Zip Code	— F:	4.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE37 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 18 2020
Name of Federal Candidate:				
TRUMP, DONALD J., , ,		Support	Office Sough	
TROWN, DONALD 3., , ,		x Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought		529.00	Disbursemer 2020	nt For: Primary 🗶 General
Per Liection for Office Sought	7 7		C	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MEISELAS, BRETT, , ,	Electronicalla F1	adl	M = M /	D D / Y T Y T Y
Signature	Electronically Fil	eaj Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 51 OF 60 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH			C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee		▼ Memo	Item Date of Public Distribution/Dissemination
MEISELAS, BRETT, , ,		•	04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			04 22 2020 Amount
City	State	Zip Code	23.00
NORTH HOLLYWOOD	CA	91606	Transaction ID : PDTE38
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	Date of Disbursement or Obligation 05 18 2020
Name of Federal Candidate:		Support	Office Sought: House District:
TRUMP, DONALD J., , ,		X Oppose	President Senate State:
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought		529.00	2020 Other (specify) ▶
Full Name of Payee		★ Memo	
MEISELAS, BRETT, , ,		-	04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			04 22 2020
TIT40 STEVAN STREET			Amount
City	State	Zip Code	2.00
NORTH HOLLYWOOD	CA	91606	Transaction ID : PDTE33 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
TRUMP, DONALD J., , ,		x Oppose	▼ President Senate State:
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought	7 7	529.00	2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· >
() 70741			
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
MEISELAS, BRETT, , ,	Electronically Fil	led1 Date	M M / D D / Y Y Y Y
Signature		Date	2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
MEIDAS TOUCH				FEC IDENTIFICATION NUMBER ▼
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M M / D D / Y Y Y Y
Full Name of Payee		X Memo	Item Date	e of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	punt
City	State	Zip Code		4.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE40 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M M M / D D / Y Y Y Y Y Y Y Z 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		X Oppose	✗ Presi	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	529.00	Disburseme 2020	ent For: Primary X General Other (specify) ►
Full Name of Payee		X Memo		e of Public Distribution/Dissemination
MEISELAS, BRETT, , ,		_		04 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
TTI40 OTEVAN OTNEET			Amo	punt
City	State	Zip Code		25.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE41 e of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 / 23 / 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presi	
Calendar Year-To-Date			Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MEISELAS, BRETT, , ,	[Electronically File	ed1	M = M	/ D D / Y Y Y Y
Signature	Laces omeany 1'll	Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				
				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,			[04 / 22 / 2020
Mailing Address 11140 SYLVAN STREET			Amou	unt
City	State	Zip Code	-	2.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE39 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 23 7 2020
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		X Oppose	X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	529.00	Disburseme 2020	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,			l r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
TITAO STEVAN STREET			Amou	unt
City	State	Zip Code	- П Г.	4.00
NORTH HOLLYWOOD	CA	91606		of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 24 2020
Name of Federal Candidate:				
		Support	Office Soug	
TRUMP, DONALD J., , ,		x Oppose	X Presid	
Calendar Year-To-Date		529.00	Disburseme 2020	nt For: Primary Seneral
Per Election for Office Sought	7-1-1-5-		2020	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MEISELAS, BRETT, , ,	[Electronicalla F1	lad]	M = M /	D D / Y TY TY
Signature	[Electronically Fil	eaj Date	9 06	19 2020

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ **MEIDAS TOUCH** C00746073 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee X Memo Item MEISELAS, BRETT, , , 22 2020 Mailing Address 11140 SYLVAN STREET Amount City State Zip Code 25.00 91606 **Transaction ID: PDTE47** NORTH HOLLYWOOD CA Date of Disbursement or Obligation Purpose of Expenditure Category/ ONLINE VIDEO 24A 05 24 2020 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item MEISELAS, BRETT, , , 2020 22 Mailing Address 11140 SYLVAN STREET Amount 3.00 State Zip Code NORTH HOLLYWOOD Transaction ID: PDTE45 CA 91606 Date of Disbursement or Obligation Purpose of Expenditure Category/ **ONLINE VIDEO** 24A 24 2020 05 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 529.00 2020 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MEISELAS, BRETT, , , [Electronically Filed] 19 2020 Date Signature

PAGE

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OF

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TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 55 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	e of Public Distribution/Dissemination
WEIGERG, BRETT, , ,				04 / 22 / 2020
Mailing Address 11140 SYLVAN STREET			Am	ount
City	State	Zip Code	$ \Gamma$	2.00
NORTH HOLLYWOOD	CA	91606		Insaction ID : PDTE44
Purpose of Expenditure ONLINE VIDEO	1	Category/ Type 24A	_	e of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ught: House District:
TRUMP, DONALD J., , ,		Copport Oppose	Y Pres	
Calendar Year-To-Date		• • • • •	Disbursem	
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
Full Name of Payee		★ Memo	Item Dat	e of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				04 22 2020
			Am	ount
City	State	Zip Code		2.00
NORTH HOLLYWOOD	CA	91606		ansaction ID : PDTE54 e of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 / D / Y Y Y Y Y Y Y 2020
Name of Federal Candidate:		Support	Office Sou	ught: House District:
TRUMP, DONALD J., , ,		x Oppose		sident Senate State:
Calendar Year-To-Date			Disbursem	nent For: Primary X General
Per Election for Office Sought		529.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3		. •	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
MEISELAS, BRETT, , ,	[Electronically Fil	led1 _	M = M	/ D D / Y Y Y Y Y
Signature	[Encountry 1 ii	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,			Item Date	of Public Distribution/Dissemination
WEIGERO, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code		4.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE55
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Cumant	Office Cour	uht: House District:
TRUMP, DONALD J., , ,		Support Oppose	Office Soug	
Colondor Voor To Doto		A spires	Disburseme	
Calendar Year-To-Date Per Election for Office Sought	, , ,	529.00	2020	Other (specify)
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				
			Amo	unt
City	State	Zip Code		16.00
NORTH HOLLYWOOD	CA	91606	I	nsaction ID : PDTE56 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M M 7 26 / Y Y Y Y Y 2020
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presi	dent Senate State:
Calendar Year-To-Date		529.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		· [0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y
Signature	Electronically Fu	Date	€ 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	e of Public Distribution/Dissemination
WEIGERG, BRETT, , ,				04 / 22 / 2020
Mailing Address 11140 SYLVAN STREET			Amo	ount
City	State	Zip Code	$ \Gamma$	27.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE50
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		e of Disbursement or Obligation 05 27 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		Coppose Support	res	
Calendar Year-To-Date			Disbursem	
Per Election for Office Sought		529.00	2020	Other (specify) ▶
Full Name of Payee		★ Memo	Item Date	e of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				
			Amo	ount
City	State	Zip Code		12.00
NORTH HOLLYWOOD	CA	91606	I	Insaction ID : PDTE58 e of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 27 7 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD J., , ,		x Oppose	X Pres	ident Senate State:
Calendar Year-To-Date		500.00	Disbursem	ent For: Primary General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		· ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ros		. \Box	
(b) 300101AE of Officernized Independent Expenditu	163		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	Electronically Fit	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	e of Public Distribution/Dissemination
				04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code	- $ $ $ $ $ $	15.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE52
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TRUMP, DONALD J., , ,		Copport Oppose	Y President	
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought		529.00	2020	Other (specify) ▶
Full Name of Payee		X Memo		e of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				M M / D D / Y Y Y Y Y Y Y Y 2020
Mailing Address 11140 SYLVAN STREET				
			Amo	unt
City	State	Zip Code		4.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE57 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M 05 / D D / Y Y Y Y Y Y 2020
Name of Federal Candidate:		Support	Office Soug	ght: House District:
TRUMP, DONALD J., , ,		Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		529.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	323.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
MEISELAS, BRETT, , ,	[Electronically Fil	led1 -	M = M /	/ D D / Y Y Y Y Y Y
Signature	[Electronically 1 to	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		X Memo	Item Date	of Public Distribution/Dissemination
WEIGERG, BRETT, , ,				04 22 7 2020
Mailing Address 11140 SYLVAN STREET			Amou	nt
City	State	Zip Code	— F	4.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE48
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement or Obligation 05 / 31 / 2020
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		Cupport Oppose	resid	
Calendar Year-To-Date			Disbursemer	
Per Election for Office Sought	7	529.00	2020	Other (specify) ▶
Full Name of Payee		✗ Memo		of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04
Mailing Address 11140 SYLVAN STREET				04 22 2020
			Amou	nt
City	State	Zip Code		2.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE51 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		05 31 2020
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presid	
Calendar Year-To-Date		500.00	Disbursemer	nt For: Primary Seneral
Per Election for Office Sought	7	529.00	2020 c	Other (specify)
(a) SUPTOTAL of Itamized Independent Expanditures				0.00
(a) SUBTOTAL of Itemized Independent Expenditures	i		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· .	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	-		· · · · · · · · · · · · · · · · · · ·
MEISELAS, BRETT, , ,	[Electronically Fil	led1 _	M = M /	D D / Y Y Y Y Y
Signature		Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 60
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
MEIDAS TOUCH				C C00746073
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee MEISELAS, BRETT, , ,		Memo	Item Date	of Public Distribution/Dissemination
WEIGERO, BRETT, , ,				04 / 22 / 2020
Mailing Address 11140 SYLVAN STREET			Amo	unt
City	State	Zip Code		16.00
NORTH HOLLYWOOD	CA	91606		saction ID : PDTE42
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		Coppose Support	resid	
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought		529.00	2020	Other (specify) >
Full Name of Payee		★ Memo	Item Date	of Public Distribution/Dissemination
MEISELAS, BRETT, , ,				04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11140 SYLVAN STREET				
			Amo	unt
City	State	Zip Code		8.00
NORTH HOLLYWOOD	CA	91606		nsaction ID : PDTE43 of Disbursement or Obligation
Purpose of Expenditure ONLINE VIDEO		Category/ Type 24A		M M / D D / Y Y Y Y Y Y 2020
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		F20.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	529.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [
(c) TOTAL Independent Expenditures			•	0.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
MEISELAS, BRETT, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y
Signature	Electronically Fu	Date	e 06	19 2020